Check one of the following boxes: SECTION ONE

☐ Box 1: I am an immediate family member (parent, spouse, brother, sister, or child) of the owner of the vehicle. When selected, this form may be used as the Affidavit of Right of Possession Form.
☐ Box 2: I am an authorized representative of the owner of the vehicle.
☐ Box 3: I am an authorized representative of an insurance company authorized to conduct business in the State of Texas.

Check the applicable box: SECTION TWO

☐ I will remove the vehicle;
☐ I will inspect the vehicle.

Describe the motor vehicle and person authorized to inspect or remove the vehicle: SECTION THREE

Vehicle Year, Make and Model: ________________________________________________

VIN or License Plate Number: ________________________________________________

Describe the person removing or inspecting the motor vehicle:

First and Last Name: ________________________________________________________

Company Name (if a representative of a company): ______________________________

If a tow truck is used to remove the vehicle, complete the following:

Tow Operator TDLR Lic. No: ________________   Tow Truck TDLR No: ______________________

Complete this section ONLY IF you checked Box 1 or Box 2 in SECTION ONE above: SECTION FOUR

On this date appeared _________________________________________ who upon oath declared that:

☐ I am the owner of the vehicle and authorize the person or company named in this document; [or]
☐ I am an immediate family member and authorized by the owner
to remove or inspect the motor vehicle described above.

The authority granted herein is limited to either (i) inspecting the vehicle or (ii) making payment to and removing the described vehicle from ________________________________________________ (name of the Vehicle Storage Facility).

This Authority to Act shall expire the earlier of three (3) days from its date of execution, or at an earlier date if revoked by me in writing, or when the motor vehicle is returned to my possession.

Signed this ______ day of _________________, 20____    Signature: ___________________________________________

Subscribed and sworn to before me on this _______day of _________________, 20____.

Notary Signature: ________________________________

Notary Public, State of ____________

My commission expires: ______________

Complete this section ONLY IF you checked Box 3 in SECTION ONE above: SECTION FIVE

I am a duly authorized licensed Insurance Adjuster I work for or represent
(Name of Insurance Company) authorized to conduct business in the State of Texas. My Texas Department of Insurance Adjuster License # is: ________________________.

The claim related to this vehicle settled or, prior to settlement, the vehicle owner expressly authorized its inspection and/or removal.

Signature: ________________________________    Date: ________________________________

Printed Name: ________________________________    Insurance Claim#: ______________________

This document affects your legal rights and may give others access to your motor vehicle. If you do not understand this document or have questions, please consult an attorney. TDLR Form No. VSF011-1, Effective June 21, 2010. Complaints may be filed online at www.license.state.tx.us/Complaints/
INSTRUCTIONS

When completed according to these instructions and presented by a person named in the form with conforming identification, a VSF may not delay release or inspection of the vehicle.

VSF’S must accept facsimiles or copies of this document

FAMILY MEMBERS
An immediate family member of the owner of the vehicle may remove or inspect the vehicle using this form and:
1. checking Box 1 in Section One;
2. checking the appropriate box in Section Two;
3. completing Section Three;
4. completing Section Four in the presence of a notary; and
5. leaving Section Five blank.

OTHER PERSONS WITH POWER OF ATTORNEY
Any other person authorized by the owner of the vehicle may remove or inspect the vehicle using this form and:
1. checking Box 2 in Section One;
2. checking the appropriate box in Section Two;
3. completing Section Three;
4. having the owner of the vehicle complete Section Four in the presence of a notary; and
5. leaving Section Five blank.

INSURANCE COMPANY REPRESENTATIVES
An insurance company’s authorized representative may remove or inspect the vehicle using this form and:
1. checking Box 3 in Section One;
2. checking the appropriate box in Section Two;
3. completing Section Three; (Note: This section identifies the person inspecting or removing the vehicle; may be different from the person named in Section 5)
4. leaving Section Four blank; and
5. completing Section Five. (Note: This section provides the authorization to inspect or remove the vehicle; may be different from the person named in Section 3)